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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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January 13, 2012

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH
PROGRAM (LIHP)**

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public -Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA. We received signed contract amendments from all but a couple of Ryan White providers and CPs. DHS, DPH and DMH are working closely together to synchronize our transition process with the State.

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with

new programmatic and enrollment requirements commenced on July 1, 2011. As of December 31, 2011, over 110,000 individuals have been enrolled in the HWLA program.

One of DHS' immediate goals is to enroll eligible patients within DHS operated facilities, CP clinics, and DMH-operated clinics into the HWLA Matched Program. In order to accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment that lasted until the end of November 2011. In order to learn from this campaign and to continue to make progress, a survey has been sent to DHS facilities to solicit feedback on the most effective strategies and the most significant barriers in the enrollment process. In addition, the HWLA leadership/management teams and processes remain in place for continue support and monitoring.

At the end of December 31, 2011, Mid-Valley Comprehensive Health Center (CHC), Hubert H. Humphrey CHC, and High Desert Multi-Ambulatory Care Center (MACC) exceeded 1,000 new HWLA enrollees. El Monte CHC, H. Claude Hudson CHC, Martin Luther King MACC exceeded 2,000 HWLA enrollees; and Harbor-UCLA and Olive View Medical Centers exceeded or nearly exceeded 3,000 new enrollments. LAC+USC Medical Center is expected to exceed 5,000 new enrollments shortly. Total new enrollment in DHS has exceeded 25,000 (See Attachment 1).

Since July 1, 2011 CPs have enrolled over 25,000 patients and DMH has enrolled over 1,600 patients. More than 50,000 new HWLA patients have been enrolled over the past six months. This is greater than an 80 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011.

We have also received information from the State's Low Income Health Plan that we can auto-enroll current Los Angeles County General Relief recipients into HWLA. DHS is forming workgroups to analyze and execute a smooth enrollment process for both DHS and the CPs with sensitivity to the enrollee's historical usage of facilities, geographic residency, as well as clinic capacity.

Community Partner Update: Feedback from CPs and DHS staff continues to be incorporated. DHS staff have worked closely with the CPs to ensure that there are multiple forums to discuss operational concerns. For example, we now have enough claims submission and payment data to analyze trends. We are using this information to work closely with CPs to ensure that claims are submitted with all of the necessary information to reduce denials/delays and that payments for completed claims are executed in less than 30 days. Another area of focus includes reviewing submitted HWLA applications within 2 weeks. We continue to host a weekly HWLA support call for stakeholders, which averages about 50-60

participants, to listen to concerns, provide answers, share resources and give regular updates. The website (www.ladhs.org/hwla) continues to be updated with content for providers and staff as well as for patients and the general public.

As a result of the strain experienced by the CPs from a combination of the managed care Medi-Cal Seniors and Persons with Disability transition and HWLA programmatic requirements, we have modified some of the on-going health care reform requirements in the contract with the Board's approval.

Future Steps: Over the past four months, DHS, along with DMH and CP representatives have been working extensively with the Department of Public Social Services on how to utilize the existing functionality and resources of LEADER and Your Benefits Now to improve the HWLA enrollment process for both staff and patients. Representatives have been detailing the content and process flow for these systems. This is viewed as an important technical improvement from the current enrollment platform. The multi-departmental team is identifying and building in solutions to many of the challenges that have surfaced in the existing enrollment process. Due to the extensive level of detail and review required, the initial process has taken about a month longer than anticipated, pushing the implementation date out to early summer of this year, rather than May.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

In the first seven months of SPD enrollment (June 1 to January 1, 2011), the net SPD L.A. Care enrollees assigned to DHS primary care providers was over 20,000 (>67% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS; however the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs of the SPD patients, DHS and L.A. Care staff meet regularly and work collaboratively to improve our care coordination and care transition processes. We will continue to work with L.A. Care to adjust enrollment as needed.

Future Steps: One of ACN's main objectives is to ensure that access to primary care is available for SPD patients who use DHS as their primary source of care. We completed a system wide assessment of medical home capacity. This resulted in empanelment of over 240,000 patients to DHS primary care providers. We now have a means to coordinate and assign enrollment for new patients to our system where capacity exists.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

As we transform our system to meet health care reform requirements, improving primary care linkage and specialty care access is critical. For the last six months, in collaboration with our CPs, DHS identified and linked approximately 22,000 patients to CPs. We are working with the CPs to determine the final number of patients that actually scheduled and kept primary care appointments with the CPs for the first quarter. Given the strain experienced by the CPs, we have halted the assignment of the remaining specialty service patients to CPs until March 2012. This will enable both DHS and CPs time to review how we can improve this process to link patients back to primary care providers.

DHS, CPs, and L.A. Care are also working together to modify telehealth technology (eConsult) that enables primary care providers and specialists to exchange consultations in a "store and forward" manner. This is a proven intervention that has worked well in San Francisco and Los Angeles, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Neurology Ophthalmology, Orthopedics and Women's Health) to begin work on referral and management guidelines and will soon be testing a beta-version of the eConsult platform.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS will report to the State and CMS progress toward achieving the milestones for Demonstration Year (DY) 7 by March 31, 2012.

NEXT STEPS

As directed by your Board, DHS will continue to provide monthly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is February 14, 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health



LOS ANGELES COUNTY

OPERATION FULL ENROLLMENT
Data Report - DHS Enrolling Sites
Week Ending January 1, 2012

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26	Total Enrollment
DHS Enrolling Sites	7/1-7/11	7/12-7/18	7/19-7/24	7/25-7/31	8/1-8/7	8/8-8/14	8/15-8/21	8/22-8/28	8/29-9/4	9/5-9/11	9/12-9/18	9/19-9/25	9/26-10/2	10/3-10/9	10/10-10/16	10/17-10/23	10/24-10/30	10/31-11/6	11/7-11/13	11/14-11/20	11/21-11/28	11/29-12/4	12/5-12/11	12/12-12/18	12/19-12/25	12/26-1/1	
BELLFLOWER HC	37	12	26	27	10	5	6	3	15	4	7	7	24	0	3	28	8	9	4	20	0	0	0	0	0	0	255
EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	24	14	28	33	29	46	41	34	40	10	71	38	31	9	39	29	44	37	12	862
EL MONTE CHC	61	123	46	124	63	127	124	110	17	3	156	124	133	90	67	97	37	55	93	129	27	114	63	46	65	41	2,135
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	44	91	109	71	109	43	140	63	85	103	88	43	97	128	64	62	51	2,267
H.H. HUMPHREY & DOLLARHIDE**	54	62	93	149	14	5	78	35	89	26	122	96	117	57	31	46	67	67	82	38	37	35	26	28	21	53	1,528
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	155	187	173	92	111	94	158	122	137	77	83	56	53	76	105	93	88	2,931
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	41	71	71	73	121	84	86	56	55	53	42	46	90	54	57	40	33	1,570
LA PUENTE HC	28	5	5	25	9	19	4	12	4	4	24	6	9	11	3	3	9	8	10	12	3	9	6	14	13	0	251
LAC-USC MED CTR	135	123	325	173	120	257	205	201	233	182	196	107	255	247	165	254	260	260	169	191	138	200	108	200	167	116	4,987
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	4	9	57	26	9	3	43	53	49	18	31	18	53	28	27	37	9	746
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	45	38	48	52	69	46	57	57	38	77	68	79	59	41	22	49	41	29	14	21	1,181
MLK MACC	16	23	8	122	47	107	172	94	174	98	146	121	71	64	106	91	43	40	95	14	71	107	60	31	125	97	2,143
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	217	198	125	211	111	149	157	62	85	208	99	96	138	187	86	88	147	155	120	3,179
RANCHO LOS AMIGOS NRC	11	19	11	26	9	5	11	23	17	25	15	28	33	22	12	25	26	34	31	44	19	31	15	11	14	21	538
SAN FERNANDO HC	9	24	31	18	9	38	14	0	1	51	10	33	4	0	0	0	0	0	0	0	0	0	8	29	10	5	468
WILMINGTON HC	0	0	0	0	9	10	7	11	0	0	0	0	4	0	0	0	0	0	1	0	0	0	0	0	0	0	41
UNKNOWN DHS SITE	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	0	0	0	1	0	18	14	91	0	0	4	154
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,195	1,129	838	1,347	1,118	1,203	1,113	767	1,187	1,056	1,076	949	910	712	986	821	832	853	671	25,236

** Hubert H. Humphrey CHC is doing the scanning for Dollardhede HC. Their reach and enrollment numbers are combined.

*** High Desert area includes High Desert MACC, South AV, Litterock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their reach and enrollment numbers are combined.